

Form PTO-1083

In RE application of T. DOKI

Serial No.: 09/857,043

Filed: May 31, 2001



Patent

Case Docket No.: TMI-103

Group Art Unit: 3621

Examiner: C. L. Hewitt, II

For: SERVICE UTILIZATION ID NUMBER SETTLEMENT SYSTEM

Assistant Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Small entity of this application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.
- ☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.
- ☐ No additional fee is required.

The fee has been calculated as shown below:

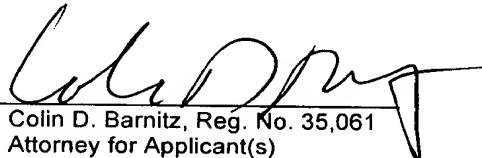
| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|--|----------------------------------|----------|---------------------------------|---------------|--------------|----------------|----|---------------------------|----------------|
| | Claims Remaining After Amendment | | Highest No. Previously Paid For | Present Extra | Rate | Additional Fee | | Rate | Additional Fee |
| Total | * 14 | Minus | ** 17 | = 0 | X 25 | \$ | | X 50 | \$ |
| Indep. | ** 3 | Minus | *** 5 | = 0 | X 105 | \$ | | X 210 | \$ |
| | | | | | X 185 | \$ | | X 370 | \$ |
| <input type="checkbox"/> First presentation of Multiple Dependent Claims | | | | | Total | \$ | OR | Total | \$0 |

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in col. 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior Amendment or the number of claims originally filed.

- ☐ Please charge my Deposit Account No. 50-1417 in the amount of \$_____.
- ☒ A Credit Card Payment Form in the amount of \$ 1860 is attached.
- ☐ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayments to Deposit Account No. 50-1417.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.
- ☒ Any Extension of Time fees that are necessary, which are hereby requested if necessary.

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Date: October 12, 2007



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : **09/857,043** Confirmation No. 7787
Applicant : T. DOKI
Filed : May 31, 2001
Titled : SERVICE UTILIZATION ID NUMBER SETTLEMENT SYSTEM
TC/A.U. : 3621
Examiner : C. L. Hewitt, II
Docket No. : TMI-103
Customer No.: 24956

Mail Stop: RCE

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action of April 13, 2007, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper; and

Remarks begin on page 10 of this paper.

A Request for Continued Examination and the required fee accompany this paper.

A Petition for a Three-Month Extension of Time and the required fee accompany this paper.